FILED 2902 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am DOCUMENT # P99000092837 Secretary of State Cybercol Corporation, 05-21-2002 91114 043 ***150.00 Principal Place of Business Mailing Address 10237 NW 51 Perrace mioni, 8 33178 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-09 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Г Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Cradio Con 1 Aprol 10237 NO 51 Fermer (mismi, 87 33178 Street Address (P.O. Box Number is Not Acceptable) Zip Code City 8. The above named entity subplies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE # (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME 10237 Nie 51 der STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (migmi, H 33/18 TITLE \sqrt{P} ☐ Change Addition montes minnin Cocidia Con 4010l 8700 SW. 733 RS 1 # 321 NAME NAME 10237 NW 51 Formiumi, 17 33183 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miamii, Fd 33183 CITY-ST-ZIP ☐ Addition Change Change TITLE maries Cristina Illo Delete TITLE ムリ NAME 10237 NW 51 For STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

SIGNATURE: